

**DATE PRESENTING CLINICAL SIGNS**

5/2/23 PD- drinking ~1.5 cups of water/day for over 2 months.

**PATIENT**

Esmera Weber

Current Medications: Itraconazole 1.7mLs SID.  
 Lab Results: See attached.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Dexdomitor/Torbugesic.  
 Stat Report: Not requested.  
 Imaging Performed By: Stephanie Warga RDCS, RVT.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

DSH

**SEX**

Spayed Female

**AGE**

3/8/22

**WEIGHT**

8.4 Pounds

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.6 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.91 cm) with mild pyelectasia at 0.26 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Kathleen Sennello DVM,  
 MS, Diplomate ACVIM  
 (Small Animal Internal  
 Medicine)

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.35 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.37 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**HOSPITAL NAME**

Fountain Green VC

**Spleen**

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**REFERRING VET**

Dr. Lerner

**INVOICE**

47028

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains large ingesta. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### ***Pancreas***

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are diffusely prominent mesenteric lymph nodes. Examples measure 0.57, 0.49, and 0.43 cm. The omentum is generally of normal echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

- Decreased corticomedullary distinction in both kidneys with mild right-sided pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, shadowing ingesta within the gastric lumen – Correlate with the feeding history and abdominal radiographs. If the patient was adequately fasted consider such differentials as delayed gastric emptying, a partial outflow tract obstruction (none seen) or ingested foreign material.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

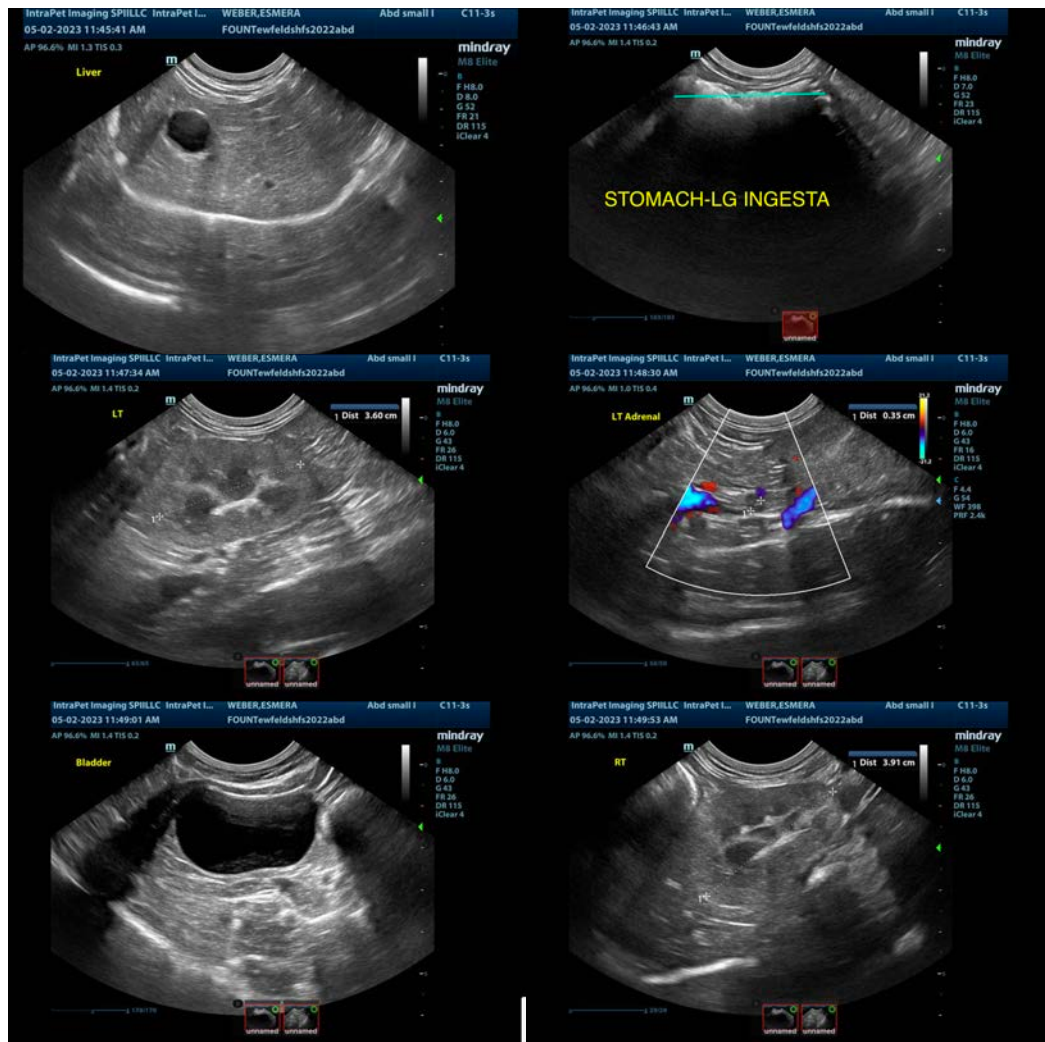
My concern is that the PU/PD reported could be secondary to primary renal disease. The kidneys have decreased corticomedullary distinction and are borderline large. This could be secondary to acute renal disease, interstitial nephritis, less likely infiltrative disease to the kidneys. Recommend a urinalysis, culture, and blood pressure evaluation, and treatment for acute renal injury.

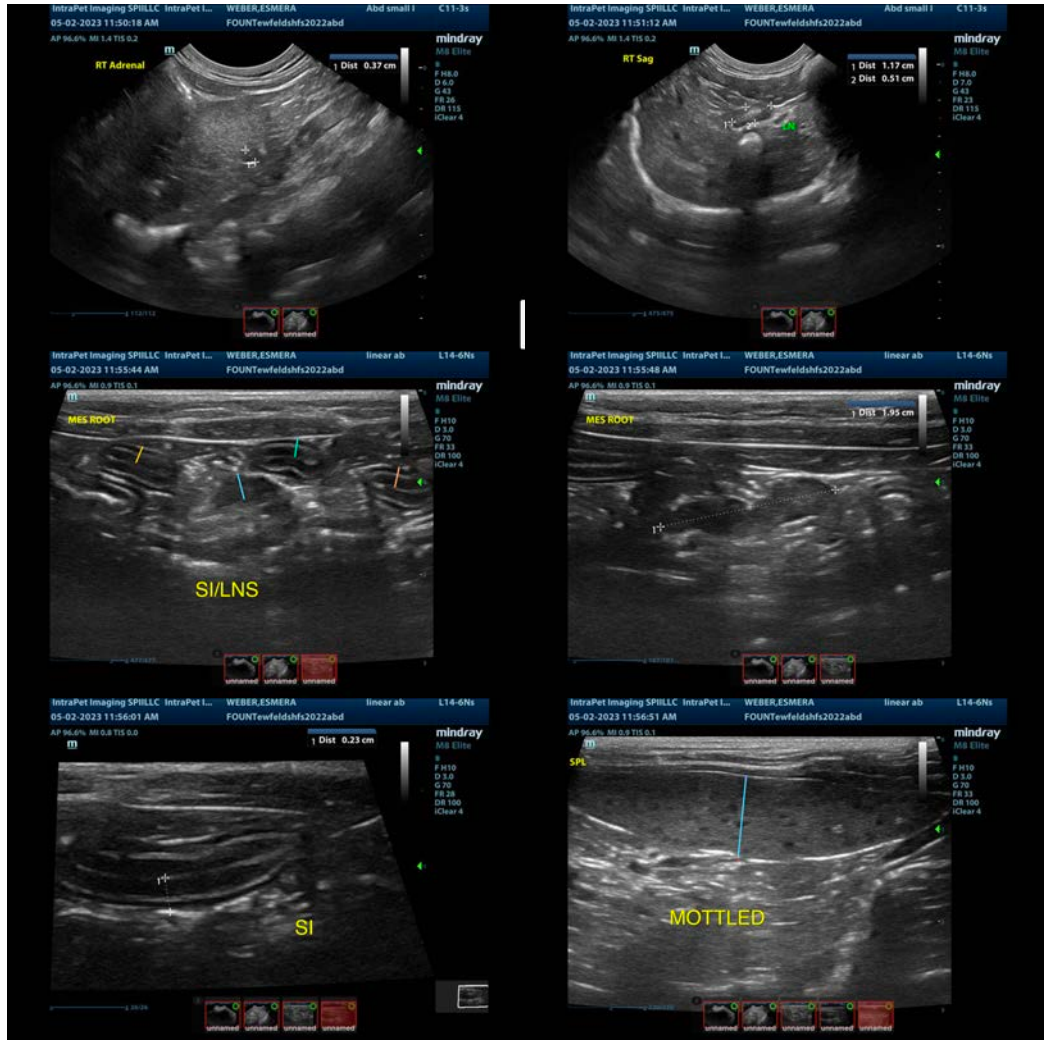
The spleen appears somewhat mottled. Consider a fine needle aspirate of the spleen, particularly looking for round cell neoplasia, as this would likely be safer than a fine needle aspirate of the kidneys.

There is a mild mesenteric lymphadenopathy. I suspect most of these lymph nodes are too small to easily aspirate. If a good window on a larger lymph node is visualized, an aspirate could be considered.

If cytologic evaluation of the spleen is not helpful, consider continued monitoring of the kidneys for any further enlargement or irregularity that could warrant a fine needle aspirate.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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